

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S) <b>09/485820</b>				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2	/						52				
3		/					53				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2						TOTAL IND.				
TOTAL DEP.	14						TOTAL DEP.				
TOTAL CLAIMS	16						TOTAL CLAIMS				

Best Available Copy